

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-001631

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 441

FILED FEB 13 1962

1. PLACE OF DEATH

a. COUNTY

JACKSON

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI

b. COUNTY JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

KANSAS CITY

Length of stay in 1b

3 YEARS

c. CITY

OR TOWN

KANSAS CITY

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTE 7505 EAST 87TH STREET
BLUE RIDGE NURSING HOME

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

11312 ASHLAND AVENUE

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

GEORGE

S

EDDY

4. DATE OF DEATH

Month

Day

Year

JANUARY 24th 1962

5. SEX

MALE

6. COLOR OR RACE

CAUCASIAN

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

5-18-72

9. AGE (last birthday)

89

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

GROCERYMAN

10b. KIND OF BUSINESS OR INDUSTRY

GROCERIES

11. BIRTHPLACE (City and state or country)

GLENS FALLS N.Y.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

GEORGE. S. EDDY

13b. MOTHER'S MAIDEN NAME

HELEN BICKLEY

14. NAME OF HUSBAND OR WIFE

UNKNOWN EDDY

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) NO

(If yes, give year or dates of service) NONE

16. SOCIAL SECURITY NO.

17. INFORMANT

KANSAS CITY, MO
CHARLES. S. EDDY 11312 ASHLAND AVE.18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

myocardial infarct

INTERVAL BETWEEN ONSET AND DEATH

12 hr

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Generalized arteriosclerosis

over 4 yr

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Jan 1960 to 24 Jan 1962 and last saw her alive on 24 Jan 62
Death occurred at 11:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Bruce R. Buie

(Degree or title)

M.D.

22b. ADDRESS

5901 Kingdale K.C. 34 mo

22c. DATE SIGNED

15 Jan 62

23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

23b. DATE

1-25-62

23c. NAME OF CEMETERY OR CREMATORY

FRIENDS CEMETERY

23d. LOCATION (City, town, or county)

TOWN OF QUEENSBURY
GLENS FALLS

NEW YORK

24. FUNERAL DIRECTOR

D.W. Newcomer's SONS KANSAS CITY MO

25. DATE RECD. BY LOCAL REG.

1-25-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Vern Lawler

Licensed Embalmer No. 4915

P. O. Address H. G. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.